

From: John A. Galbreath To: USPTO

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Fax Number: 1-571-273-8300

From: John A. Galbreath  
Fax Number: 1-410-666-7274

Message:

8 August 2005 .

Dear Sir or Madam:

Please enter the attached Power of Attorney for Patent Appl. 10/540,587. If you have any questions, just give me a call.

Best regards,

A handwritten signature in black ink, appearing to read "John A. Galbreath".

John A. Galbreath  
Reg. # 46,718

Cust. # 24,271

AUG 08 2005

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number:	10/540,587
Filing Date:	25 June 2005
First Named Inventor:	Pietrzyk, Andrzej
Title:	A System of Three-Dimensional Multipurpose Elements
Art Unit:	
Examiner's Name:	
Attorney Docket Number:	

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

Practitioners associated with the Customer Number:  
 OR  
 Practitioner(s) named below:

Name	Registration Number

As my or my attorney(s) or agent(s) to prosecute the application identified above and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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I am the:

Applicant/inventor  
 Assignee of record of the entire interest. See 37 CFR 3.7.1  
 Statement under 37 CFR 3.7.3(b) is enclosed. (Form PTO/SAB1-2B)

SIGNATURE of Applicant or Assignee of Record

Signature: *Andrzej Pietrzyk* Date: *2005-08-08*  
 Name: *Andrzej Pietrzyk* Telephone: #4685698275  
 Title and Company: *Applicant*

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their true successors are required. Submit multiple forms if more than one signature is required, see below.

Total of  forms are submitted.

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